

Army Flight Surgeon Course (Primary) Welcome Packet



Welcome from USASAM, Ft Rucker to the US Army Flight Surgeon Course, Class # 04-1!!
This six week course has been approved for 220 Hours of Category I CME.

Course Dates: Phase I: 6 Oct–24 Oct Phase II: 27 Oct–14 Nov 2003

Checklist – (How to get to the course)

☐ Obtain Orders and ATTRS Enrollment

- **Active Duty** – Submit a DA3838 (see example) signed by an O-5 or higher to PERSCOM
 - **Medical Corps**—MAJ Shauna Snyder: 703-325-2363 (DSN 221),
shauna.snyder@hoffman.army.mil
 - **Specialist Corps**—MAJ Pauline Gross: 703-325-2349 (DSN 221),
grossp@hoffman.army.mil
 - **USUHS**—Dept of Med Education, LTC Wightman: 301-295-3637 (DSN 295),
jwightman@usuhs.mil
- **ARNG**—Submit NGB Form 64; Mr Harry Gilman: 703-607-7349 (DSN 327),
harry.gilman@ngb.army.mil
- **USAR, Civilians**—LTC Charles Lusso: 314-592-0449x0434 (DSN 592),
charles.lusso@arpstl.army.mil
- **HPSP**—Contact your HPSP manager
- **USAF**—LTC Wightman: 301-295-3637 (DSN 295), jwightman@usuhs.mil
- **USCG**—CDR Mark Tedesco: 202-267-0528 , mtedesco@comdt.uscg.mil
- **Allied Nations**—Mr. Steve Lemon: 703-255-7307 (DSN 761),
steve.lemon@otsq.amedd.army.mil

☐ Contact the Course NCOIC (see next page) to verify your enrollment.

☐ Billeting: Contact billeting at 334-598-5216 (DSN 558) to confirm your room with a credit card. A reservation will be made for you—mention your course and class number. (A Statement of Non-availability will generally NOT be issued.)

☐ Complete a **Class 2F Flight Physical (FDME)** –see your local Flight Surgeon.

NOTE: All US Army students must have an approved "Qualified" FDME submitted in AERO prior to beginning the course. Failure to accomplish this will result in disenrollment. USAF, USN, USCG and Allied Nations students may submit a valid UpSlip from your own service/country in lieu of the FDME. Dentists, Optometrists, Audiologists and Civilian Medical Officers must complete a Class 3 FDME. An initial FDME is valid up to 18 months.

☐ Obtain an **Army Knowledge Online (AKO) account:** (MANDATORY!)—<https://www.us.army.mil>

☐ **Levy Brief:** If you are going overseas, arrange your levy brief with your local Levy Section prior to reporting to the course.

☐ **APFT:** Be prepared to pass an Army Physical Fitness Test (APFT) upon arrival to USASAM.

☐ **Packing List:** (see below)

Uniforms

Battle Dress Uniform (BDU)
Beret and BDU Cap
All Leather Combat Boots (req for flight duties)
Class A Uniform (or service equivalent)
Army Improved Physical Fitness Uniform (IPFU)
-Winter IPFU is required for the Fall Course
All Flight Gear (only if issued)
Swimwear
ID Tags (req for flight duties)
Sew-on Rank (x8) (for your Flight Uniforms)
Subdued unit patches (your *gaining* unit) (x4)

Documents

Medical Record
Dental Record (or Panorex Verification Memo)
Qualified FDME or UpSLIP (DA4186)
Travel Orders
Leave Form (DA31)
Officer Record Brief (ORB)
IFRF (Prior aviation service only)
Medical Student Evaluation Form (if needed)
SGLI and DD93

A laptop computer will be useful but is not required.





- ☐ **Report:** *Class will begin promptly at 0730 on 6 Oct in Rm X-112, US Army School of Aviation Medicine. USASAM is located in the rear of Lyster Army Community Hospital on the ground floor (see map). If entering the hospital through the front entrance, walk to the rear of the hospital and take the staircase down to the ground level. Plan on arriving at Army Lodging (Bldg 308) the day prior (Sunday evening). An information packet with last minute instructions and forms will be available at the registration desk; make sure you fill out all the required information before you report on Monday. Parking is limited so leave your car at the BOQ, or park in the front of the hospital. **Bring all documents listed above with you for the first day of class.***
- ☐ **Duty Uniform: Battle Dress Uniform (BDU)**
- ☐ **Graduation:** Your Graduation and Winging will be held Friday morning, the last day of class. Family Members and friends are welcome and encouraged to attend. You will be released immediately following the ceremony at approximately noon. Please schedule your departure from USASAM after this time. No early departures will be authorized. Phase I students, expect a full duty day (until 1700) on your last day of class.

We're excited about the course, and look forward to seeing you at Ft. Rucker! The USASAM faculty and staff have worked hard to insure that your learning experience here will be challenging, rewarding, and memorable. We are committed to preparing you for an exciting career in Army Aviation Medicine.

Don't hesitate to contact us if you have any questions or problems accomplishing any of the above:

Course Director

MAJ Justin Woodson

justin.woodson@amedd.army.mil

334-255-7334 (DSN 558)

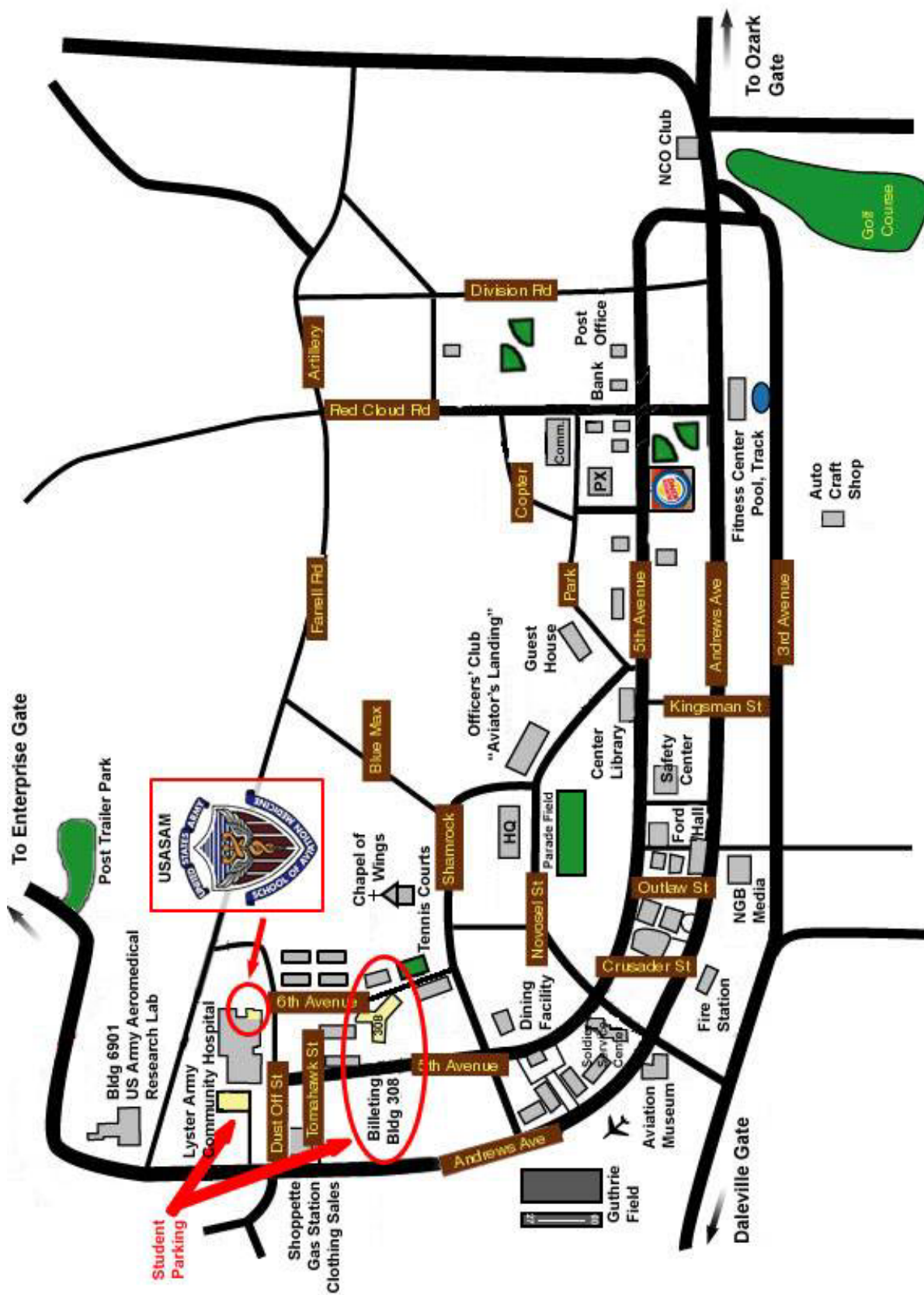
Course NCOIC

SFC Calvin Diggs

calvin.diggs@amedd.army.mil

334-255-7563 (DSN 558)

Ft Rucker MAP



EXAMPLE

APPLICATION FOR PROFESSIONAL TRAINING <small>For use of this form, see AR 351-3; the proponent agency is the Office of The Surgeon General</small>						DATE 6/21/03	
THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974							
1. AUTHORITY: 10 USC 3012. 2. PRINCIPAL PURPOSE(S): To compile information necessary to evaluate an application for professional training. 3. ROUTINE USES: a. To evaluate application for long and short courses in civilian institution training and federal facility training. b. To notify SGPE-ED of approval or disapproval of application. c. To record application for professional training in individual's personnel records. 4. MANDATORY OR VOLUNTARY DISCLOSURE: Disclosure of requested information is voluntary. However action on application will not be finalized without completion of form.							
TO: PERSCOM, MC Branch ATTN: TAPC-OPH-MC 200 Stovall St Alexandria, VA 22332-0417				FROM: Residency in Family Practice, Womack AMC Ft Bragg, NC 28307			
GENERAL - ALL APPLICANTS MUST COMPLETE ITEMS 1 THROUGH 19							
1. TYPE OF FACILITY SPONSORING TRAINING (<i>Check applicable box</i>) <input type="checkbox"/> CIVILIAN INSTITUTION (<i>non-Federal</i>) <input checked="" type="checkbox"/> FEDERAL FACILITY <input checked="" type="checkbox"/> AMEDD <input type="checkbox"/> ARMY (<i>Less AMEDD</i>) <input type="checkbox"/> OTHER MILITARY (<i>Air Force, Navy</i>) <input type="checkbox"/> NON-MILITARY (<i>PHS, VA, etc.</i>)				2. CATEGORY OF TRAINING DESIRED (<i>Check applicable box</i>) <input checked="" type="checkbox"/> SHORT COURSE <input type="checkbox"/> LONG COURSE (<i>List specialty after appropriate category</i>) <input type="checkbox"/> DEGREE <input type="checkbox"/> FELLOWSHIP <input type="checkbox"/> RESIDENCY <input type="checkbox"/> INTERNSHIP			
3. NAME Joe Flight Surgeon		4. GRADE 03	5. MOS/SSI 61H	6. CORPS/BRANCH MC	7. SSN 123-45-6789		8. SECURITY CLEARANCE SEC
9. UNIT AND STATION (<i>Address and Zip Code</i>) Womack AMC Ft Bragg, NC 28307			10. UIC xxxxx	11. DUTY POSITION Family Practice Resident		12. OFFICE PHONE (<i>Include area code and auto/von</i>) 910-432-1234 HOME PHONE 910-423-1234	
13. PURPOSE (<i>Name of course, degree, etc. Attach copy of course brochure.</i>) Army Flight Surgeon (primary)				14. LOCATION OF SCHOOL (<i>Address and Zip Code - Add location of training if different from school</i>) USA School of Aviation Medicine Ft Rucker, AL 36362			
15. BEGIN 6 Oct 2003			16. END 14 Nov		17. LIST COSTS AS APPLICABLE REGISTRATION _____ TUITION _____		18. CATEGORY OF SERVICE <input checked="" type="checkbox"/> REGULAR ARMY <input type="checkbox"/> INDEFINITE <input type="checkbox"/> OBV, ETS (<i>Day, Month, Year</i>)
19. PARTICIPATION IN FEDERALLY FUNDED PROGRAMS <input type="checkbox"/> HPSP <input type="checkbox"/> 601-112 <input checked="" type="checkbox"/> USUHS <input type="checkbox"/> SENIOR STUDENT PROGRAM <input type="checkbox"/> DELAY PROGRAM UNTIL _____ <input type="checkbox"/> NONE							
SHORT COURSES - ITEMS 20 THROUGH 27							
20. LIST COURSES TAKEN DURING CURRENT AND PRIOR FISCAL YEAR (<i>Include courses in both federal facilities and civilian institutions and source of funding, e.g., local, MACOM, OTSG, AMEDDPERSA Central Training Program. If none, so indicate.</i>) None							
21. MAN-DAYS (<i>Excluding travel time</i>) FOR COURSE LISTED IN BLOCK 13 40			22. PROFESSIONAL LICENSE OBTAINED none		23. SIGNATURE (<i>Applicant</i>) ///signed///		
24. LOCAL APPROVING AUTHORITY (<i>Check appropriate box and add remarks if applicable</i>) <input checked="" type="checkbox"/> I RECOMMEND APPROVAL <input type="checkbox"/> I DO NOT RECOMMEND APPROVAL CPT FlightSurgeon will be reassigned to 1/18th AVN BDE , Ft Bragg upon completion of residency and will be filling a Flight Surgeon position.							
25. DATE 6/23/03		26. NAME, GRADE, BRANCH AND TITLE LTC John Doe (must be O-5 or higher)			27. SIGNATURE (<i>Local approving authority</i>) ///signed///		